Att. Ley's Docket No.: 00633-030001

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

271 Clinton Road

271 Clinton Road Brookline, MA 02445

Lebanon

Brookline, MA 02445

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled VISION PROSTHESIS, the specification of which:

	(V)	is attached hereto.		,		
			as Applica	tion Serial No.	and was amended on	
	[]			ational Application No. er PCT Article 19 on		
includin		eby state that I have re claims, as amended by			bove-identified specification,	
Title 37,		mowledge the duty to e of Federal Regulatio		ion I know to be materia	al to patentability in accordance v	/itl
business		eby appoint the follow e Patent and Tradema			s application and to transact all	
		hiuti, Reg. No. 35,306 ichauco, Reg. No. 41,		Eric L. Prahl, Reg. N	No. 32,590	
	Addı	ress all telephone calls	to FAUSTINO A. L	ICHAUCO at telephone	e number (617) 542-5070.	
	Addı	ress all correspondenc	e to FAUSTINO A.	LICHAUCO at:		
	225 1	I & RICHARDSON P Franklin Street on, MA 02110-2804	.C.			
made on knowled Section	infor ge the 1001	mation and belief are at willful false stateme	believed to be true; a ents and the like so med States Code and t	and further that these stanade are punishable by f	are true and that all statements atements were made with the line or imprisonment, or both, undeterments may jeopardize the valid	
Full Nan	ne of	Inventor: DIMITRI	AZAR		/, . /	
Inventor	's Sio	vnanire:	1 HZ	le.	$\frac{7}{8}$	

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Citizenship:

Residence Address:

Post Office Address: